


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

05 JAN -3 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 723438		
1. Entity Name CAPE CORAL BABE RUTH LEAGUE, INC.		

Principal Place of Business PELICAN BLVD CAPE CORAL BLVD, FL	Mailing Address 2124 NW 28 AVENUE CAPE CORAL, FL 33993
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2. Principal Place of Business	3. Mailing Address PO Box 100711
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State CAPE CORAL FL
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Zip	Country	Zip	Country
33910		33910	Lee



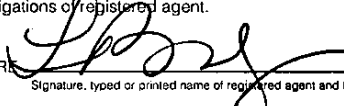
REINSTATEMENT

4. FEI Number 59-6611978	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KING, CHRISTINA 2124 NW 28 AVENUE CAPE CORAL, FL 33993	
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7. Name and Address of New Registered Agent	
Name LADONNA BRADY	
Street Address (P.O. Box Number is Not Acceptable) 1822 SW 28th Terrace	
City CAPE CORAL	FL Zip Code 33914

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 12/30/04

FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LADONNA, BRADY 1822 SW 28 TERRACE CAPE CORAL, FL 33914 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NAUGHTON, VICKEY 4113 SW 5 PLACE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MANKA, TODD 1021 SW 22ND TERR. CAPE CORAL, FL 33991 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RENEGAR, MARK 5325 SW 10TH AVENUE CAPE CORAL, FL 33914 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KING, CHRISTINE 2124 NW 28 AVENUE CAPE CORAL, FL 33993 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Tony Stephanacci 3519 SE 5 Ave CAPE CORAL FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Ken Schlichenmeyer 3528 SW 11 Ct CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Robert E RYAN 1761 FOUR MILE COVE PARKWAY #536 CAPE CORAL FL 33990 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Maria Pinto 3719 Pelican Blvd CAPE CORAL FL 33914 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	700043813427 01/03/05--01052--014 **236.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE 	DATE 12/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

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